

FULL FACILITY PROFILE

UINTAH CARE CTR	PROVIDER #: 465092	FACILITY BEDS	TYPE ACTION: RECERTIFICATION
510 S 500 W	PHONE NUMBER: (435) 789-8851	TOTAL: 52	
VERNAL UT 84078	PARTICIPATION DATE: 02/01/1984	CERTIFIED: 52	TYPE OWNERSHIP: GOVERNMENT - COUNTY
STATE'S REGION CODE: 001			

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 11/07/2000	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 52			
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TOTAL: 52	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 4	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 38		24		28	
OTHER: 10					

SURVEY DATES FROM: 10/16/2000 TO: 10/19/2000 PROGRAM REQUIREMENTS
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 11/17/2000
 REVISIT DATES: 01/16/2001

S/S CODE	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
G	F0324	SUPERVISION/DEVICES TO PREVENT ACCIDENTS	12/17/2000	DEFICIENCY CORRECTED	1	2.7	12	10.0	1305	19.3
E	F0371	STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS	12/17/2000	DEFICIENCY CORRECTED	19	51.3	37	30.8	2292	33.9

BUILDING CHARACTERISTICS			
BUILDING NUMBER	TYPE OF BUILDING	EDITION OF LSC APPLIED	LSC COMPLIANCE STATUS
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01	BUILDING	85 EXIST	FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE POC

SURVEY DATES FROM: 10/16/2000 TO: 10/19/2000 LSC DEFICIENCIES
 EXTENDED SURVEY DATES FROM: TO:
 DATE PROVIDER SIGNED POC: 11/17/2000
 REVISIT DATES: 12/04/2000

BUILDING NUM	TAG #	REQUIREMENT	PLAN/DATE OF CORRECTION	STATUS OF DEFICIENCY	# AND PERCENT OF FACILITIES NOT MEETING REQUIREMENT - AFTER 09/30/1990					
					STATE		REGION		NATION	
					#	%	#	%	#	%
01	K0025	SMOKE PARTITION CONSTRUCTION		FSES	11	29.7	21	17.5	921	13.6
01	K0056	AUTOMATIC SPRINKLER SYSTEM		FSES	11	29.7	23	19.1	670	9.9
01	K0062	SPRINKLER SYSTEM MAINTENANCE	11/16/2000	DEFICIENCY CORRECTED	11	29.7	19	15.8	997	14.7
01	K0072	FURNISHING AND DECORATIONS	11/16/2000	DEFICIENCY CORRECTED	3	8.1	5	4.1	132	1.9
01	K0130	OTHER	11/16/2000	DEFICIENCY CORRECTED	33	89.1	46	38.3	1156	17.1

TYPE OF DEFICIENCY	TOTAL THIS FACILITY	AVERAGE NUMBER OF DEFICIENCIES PER FACILITY		
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CONDITION/LEVEL A	0	0.00	0.00	00.00
REQUIREMENT	2	4.97	5.72	07.30
HEALTH TOTAL	2	4.97	5.72	07.30
LIFE SAFETY CODE	5	3.81	3.11	02.77
LIFE SAFETY CODE + HEALTH	7	8.78	8.84	10.08